

APPLICATION

James O. Thomason Scholarship

HAMPTON WILDLIFE FUND

P.O. Box 2641, Columbia, SC 29202 Phone: 803-600-1570 Email: goller.jim@gmail.com

Photo: No staples or tape

Web: HamptonWildlifeFund.org/scholarship.html

PLEASE TYPE OR PRINT:

Date:			Male	Female
Name:	Date of	Date of Birth:		
Address:	City/State/Zip	o:		
Email:				
Telephone Number:				
High School:		Graduation Date:		
Mailing Address of High School:				
College/College Preference:		Expected Graduation	n Date:	
Mailing Address of College:				
**************************************	arnalism, advertising, public re	lations or mass communications ********** tudent government:	disciplines as outline	*****
Principal school activities (e.g. Honor soci	eties, clubs, sports, etc	.):		
Special interests and/or hobbies outside of	school (e.g. church, co	ommunity, etc.):		
Job Experience (e.g. after school, summer,	etc.):			

Parent's Name(s):					
Father's Employer:			Position:		
Mother's Employer:			Position:		
FINANCIAL INFORMATION What range was your parents combined	l income for th	a nast galandar v	vaar?		
\$0 - \$25,000 \$50,000 - \$75,000					
**********	******	******	******	*********	
SCHOLARSHIPS (other than this one (Duration means the number of years y	ou expect to re	eceive this aid)	led for:		
	Applied	Granted		Annual	
Name Pell Grant State Tuition Grant Life Scholarship Palmetto Fellow Other	(Yes/No)	(Yes/No)	<u>Duration</u>	<u>Amount</u>	
**************************************	On separate paper field(s) and vastal resources than three pa	aper, write a brie why you desire a s or related topic ges typed).	f autobiography college educations and why you w	to include a description of on. Explain your interest in vill be good investment if you	

Transcript of high school grade Board Scores (SAT or ACT or Personal Essay/Autobiography Topical Essay (Changes Annua A Recent Photograph. Completed application and abo	es with class ra BOTH). (See explanated ally. SEE CRI	inking (if class ra ion above). TERIA).	anking is availab	le). College	
CERTIFICATION BY PARENT AN	JD STUDENT	'• By cioning this	annlication vo	agree if asked to provide	
information that will verify the accurace the David M. Cline Scholarship is for available to cover costs. There is no gu	cy of your com one (1) year on	pleted applicationly and that all sc	n. You also ackı holarships deper	nowledge that you understand	
Parent Signature			Date		
Student Signature	_		Date	*******	

JOT: Revised 8/2022

Completed application and above information mailed no later than **January 31, 2023**.

MAIL TO: Hampton Fund Scholarships Post Office Box 2641 Columbia, SC 29202